INControl Diabetes Across Indiana

Indiana State Department of Health

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Dynamic Diabetes Programs

Take Advantage of Healthy Vision Month to Schedule Annual Eye Exam

By Vicki K. Hermansen, APR Director, Programs & Partnership Development Prevent Blindness Indiana

During the summer when people are told to wear sunglasses to protect their eyes, it is a good opportunity to remind Hoosiers to assess their vision health. This is particularly important for adults and children with diabetes, as diabetic retinopathy is a serious eye condition that can result in vision loss.

Diabetic retinopathy only affects individuals who have diabetes. Diabetic retinopathy is among the leading causes of blindness in American adults and is caused by changes in the blood vessels of the retina. Because of this, Prevent Blindness Indiana, a Hoosier nonprofit dedicated to the preservation of sight, encourages adults – particularly those with diabetes – to undergo an annual dilated eye exam.

The National Eye Institute reports that about half of the 16 million people with diabetes in America have at least early signs of diabetic retinopathy. About half of those, or 700,000, have serious retinal disease. Each year, about 65,000 Americans progress to proliferative retinopathy, the most sight-

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threatening stage of the disease. Also, as many as 25,000 people go blind from diabetic retinopathy every year.

In Indiana, it is estimated that of the more than 4.5 million adults, more than 112,000 have diabetic retinopathy. With diabetes on the rise in Indiana, that number will continue to increase (See Age-Related Vision Problems in Indiana at www.bpeye.org). As the baby boomer population continues to age, the number of those who are visually impaired is expected to double in the next 30 years.

And, from an economic perspective, the costs associated with adult vision problems in the United States are \$51.4 billion. Research from Prevent Blindness America's 2007 "Economic Impact of Vision Problems: The Toll of Major Adult Eye Disorders, Visual Impairment, and Blindness on the U.S. Economy," totaled the financial costs of vision conditions to individuals and their caregivers, and the impact on the economy. (The full report is available at www.preventblindness.org.).

In addition to diabetic retinopathy, diabetics also are more susceptible to developing cataract, a clouding of the eye's lens, and glaucoma, an increase of pressure inside the eye that can result in damage to the optic nerve. When compared with the general population, people with diabetes are 25 to 30 times more likely to lose their sight from retinopathy, cataracts or glaucoma. Because of the high risk for eye disease, all people with diabetes age 30 and older should receive an annual dilated eye exam.

For people with diabetes younger than 30, an annual dilated exam is

recommended after they have had diabetes for five years.

Who is at risk?

Anyone with diabetes is at risk for diabetic retinopathy. Risk factors include:
• Age - younger and older people with diabetes are at risk for diabetic retinopathy. Some of the most severe cases of diabetic retinopathy occur in people who were diagnosed with diabetes at a very young age after they have had the disease for many years.

- Duration of the disease the longer a person has diabetes, the greater the chance of retinopathy. Virtually everyone who was diagnosed with diabetes before age 30 has diabetic retinopathy within 15 years of their diagnosis. About three quarters of those who diagnosed after age 30 have diabetic retinopathy within 15 years of diagnosis.
- Blood sugar control poor blood sugar control is one of the main causes of diabetic retinopathy. Individuals with diabetes can lower the risk of vision loss by carefully monitoring and controlling blood sugar levels.
- Smoking quitting smoking can reduce risk for diabetic retinopathy.
- Alcohol alcohol and diabetes are a dangerous combination for many reasons, including an increased risk of diabetic retinopathy.
- Hypertension high blood pressure increases the risk of eye disease, as well as heart disease, stroke and kidney disease. It may be necessary to change diet and exercise habits or take medications to keep blood pressure under control.

- Pregnancy scientists are still unsure why pregnancy seems to increase a woman's risk of developing, or accelerating, diabetic retinopathy. Pregnant women with diabetes should see their eye doctor during their pregnancy.
- Renal Disease kidney disease is a major complication of diabetes. The earlier kidney disease is diagnosed, the better. Individuals with diabetes must have their urine tested regularly for early signs of kidney disease.

Individuals with diabetes should monitor their vision because often there are no symptoms in the early stages of diabetic retinopathy. Vision may seem unchanged until the disease becomes severe. Eventually, the vision of a person with diabetic retinopathy may become blurred or blocked entirely. In advanced cases the disease may progress without symptoms for a long time. That is why regular eye exams are so important.

Treatment for diabetic eye diseases

Doctors have a range of options for treating individuals who have been diagnosed with diabetic retinopathy. They include photocoagulation (laser surgery) and vitrectomy (surgery in which a small suction tool is used to remove the vitreous gel containing blood and scar tissue strands inside the eye. At the same time, the doctor uses fluid to replace the vitreous in the patient's eye). Scientists are still working toward a better understanding of diabetic retinopathy, and new treatment options are on the horizon. In the meantime, early detection of retinopathy and close watch by an eye doctor are major goals for the successful treatment of patients with diabetes. People with diabetes need to know that dangerous changes in the retina often happen before they notice changes in their sight. All people with diabetes should have a professional eye exam at least once a year.

The eye doctor can decide if you need more frequent exams.

People with diabetes should also get regular medical care to control their diabetes. "Our research shows that vision loss continues to threaten the quality of life for millions of Americans," said Patricia E. Szuch, CEO and President of Prevent Blindness Indiana. "In fact, the leading cause of blindness in Indiana is diabetic retinopathy. Our challenge continues to be education, whether it be convincing the public to practice regular eye care or by convincing our government leaders that millions of precious healthcare dollars can be saved through prevention services." For more information on eye disease or to receive a copy of the 2008 Vision Problems in the U.S. report, please call Prevent Blindness America (PBA)at 1-800-331-2020 or visit www.preventblindness.org. Prevent Blindness Indiana's (PBI) web site, www.pbeye.org, also has information on diabetic retinopathy and links to the PBA site. Additionally, PBI offers the Sight for Life Speakers Bureau with an educational presentation about eye diseases in adults, including diabetic retinopathy. For more information, or to schedule a presentation, call PBI at (317) 815-9943, ext. 227.

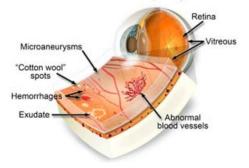


The photo above shows normal vision.



This photo shows how someone with diabetic retinopathy would see the same image.

Diabetic Retinopathy



This drawing shows how abnormal blood vessels can expand or leak, causing blocked or impaired vision.



Prevent Blindness Indiana Saving sight for 60 years www.pbeye.org (317) 815-9943

Matters of the Heart: Support a Loved One with Diabetes

Inform people the best gift they can give to someone they love who has diabetes is love, support, and knowledge of how to manage diabetes so you can live a long, healthy life together! To learn more about diabetes, it's link to heart disease, and how to help a loved one, order your free copies of "Tips for Helping a Person with Diabetes" by contacting the National Diabetes Education Program at www.YourDiabetesInfo.org or 1-888-693-6337 for people with diabetes.

Diabetes in the Work Setting

Nearly 21 million Americans have diabetes and many of them are employed in the workforce. <u>Diabetesatwork.</u>
org can help businesses and managed care companies to assess the impact of diabetes in the workplace, provide intuitive information to help employees manage their diabetes, and take steps toward reducing risks for related complications, such as heart disease.

WHO SHOULD USE THIS SITE?

- •Diabetes Educators
- •General Managers/Chief Executive Officers
- •Health Promotion/Wellness Program Managers
- •Health Plan Designers
- •Human Resource Managers
- •Occupational Health Providers
- •People With or at Risk for Diabetes and their Families
- Supervisors

THIS SITE CAN HELP YOU:

- •Develop a diabetes prevention or management program.
- •Estimate the number of employees in your company with diabetes.
- •Estimate the total cost of diabetes in your company.
- •Choose or design a health plan for people with diabetes.
- •Obtain support from leadership for a diabetes program.

<u>Diabetesatwork.org</u> has been developed in collaboration with:

- •America's Health Insurance Plans
- •National Business Group on Health
- •National Business Coalition on Health
- •National Diabetes Education Program

diabetesatwork.org

Taking on diabetes. Together, we are making a difference.

Individuals with diabetes successfully perform all types of jobs from heading major corporations to protecting public safety.

Free continuing education credit is available at this Web site for physicians, nurses, and other health care providers. For more information visit: Diabetesatwork.org.

Stroke Kit Available

Stroke month may be over, but you can still make use of the American Heart Association's (AHA) downloadable Stroke Month Kit available for the organization's volunteers, health care providers, wellness coordinators and community partners. Please share this link below with all corporate partners and sponsors, marketing and communication departments, staff and board members to help promote stroke aareness all year.

They can also call the office and ask for additional collateral materials and brochures to share with patients and employees. The theme this year is focused on survivors and caregivers, "Stroke doesn't discriminate; it affects people of all ages, ethnicities and backgrounds". Fortunately, most strokes are preventable, and we can take steps now to reduce having a stroke. Also highlighted is the new campaign to educate the public about stroke warning signs, "Give Me 5". AHA partnered with the American Academy of Neurology and the American College of Emergency Physicians to develop this new awareness initiative.

Check out www.giveme5forstroke.org for the 2008 American Stroke Month Community Awareness Kit and other eduational resources.

NIDDDK Unveils New Awareness and Prevention Materials for Community Health Fairs

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) has announced the release of new health information to raise awareness about diabetes and other diseases among people not yet diagnosed with these illnesses. The "Awareness and Prevention Series" publications are doubled-sided fact sheets printed in English and Spanish that address a variety of health topics. Each fact sheet provides a snapshot of an illness, highlighting risk factors, symptoms, prevention tips, and links to additional resources to learn more. NIDDK developed the "Awareness and Prevention Series" for use during community health fairs, workplace health forums, family reunions, and other similar events.

To order the diabetes publications, as well as the complete list of "Awareness and Prevention Series" publications, please visit www.niddk.nih.gov.

Healthy People 2010 Objective: Reduce visual impairment due to diabetic retinopathy

The National Eye Institute through its National Eye Health Education program and the healthy vision month workgroup developed a Web site for 2008 at http://www.healthyvision2010. nei.nih.gov/hvm/.

People with diabetes are at risk of developing diabetic retinopathy, a major cause of vision loss. Because early diagnosis and timely treatment have been shown to prevent vision loss in more than 90 percent of patients, health care practice guidelines recommend an annual dilated eye exam for all people with diabetes. Studies indicate, however, that many people with diabetes do not get an annual dilated eye exam. An estimated 50 percent of patients are diagnosed too late for treatment to be effective.

Night Eating Syndrome & Diabetes

People who are struck with hunger in the middle of the night and look for something to eat, but then suffer from feelings of anxiety and guilt, insomnia, or interrupted sleep that develop into a distressing pattern, may suffer from a condition known as Night Eating Syndrome, or NES.

This condition is believed to affect as many as 6 million Americans. NES can be a devastating syndrome that many people are not yet aware of. While the prevalence of NES in the general population is estimated at about 1.5 percent, in overweight people, it is far more common.

Night Eating Syndrome was first described in the medical literature back in 1955. NES is characterized by five main features:

- **1.** Not feeling hungry in the morning. Those with NES often lack the desire to eat until lunchtime or the afternoon.
- **2.** Overeating in the evening. For NES sufferers hunger significantly picks up in the evening and causes them to overeat.
- **3**. Difficulty falling asleep. NES sufferers often find it hard to fall asleep and may need to eat something before going to bed in order to drift off.
- **4.** Waking at night and eating. Night eaters wake up at least once a night and are often unable to go back to sleep unless they have something to eat. On average they get up out of bed 1.7 times a night, or about 12 times a week; and they eat 1.4 times per night, or about 9.5 times a week.
- **5.** Feeling depressed. Night eaters have a higher rate of depression that non-night eaters and often report feeling sad and stressed.

Although not everyone with NES is overweight, the main difference between the overweight and normal weight NES subjects was age. Researchers found that patients in the NES group consumed more calories overall in any 24-hour period. This is consistent with other studies of breakfast skippers, who say they don't feel hungry in the morning and often convince themselves that with breakfast behind them, that's one meal's worth of calories they have escaped for the day. On the contrary, many studies have shown that people who skip breakfast have higher caloric intake overall in a given 24-hour hour period. The "skipped" calories just show up at some point later in the day, plus more. It seems that it works pretty much the same with night eaters. What distinguishes the night eaters from other daytime meal skippers is not just the difficulty falling asleep but also the frequent awakenings during the night. In NES sufferers, the internal clock seems to have gone out of

Night eating is common in many people with diabetes and is associated with increased complications. "Night-eating syndrome is characterized by excessive eating in the evening and nocturnal awakening with ingestion of food," according to Shereen A. Morse, MD, from the University

of Washington School of Medicine in Seattle, and colleagues. "Psychosocial variables and emotional triggers may be associated with these behaviors. In patients with diabetes, such behaviors may lead to glucose dysregulation and contribute to obesity and complications."

One study evaluated 714 patients with type 1 and 2 diabetes and determined the proportion of patients reporting eating more than 25 percent of their daily food intake after regular suppertime and 9.7 percent reported night-eating behaviors. Compared with patients without night-eating behaviors, those with night-eating behaviors were more likely to be obese, have HbA1C values higher than 7 percent, and have 2 or more diabetes complications, after adjustment for age, sex, race, and major depression.

"Night-eating behaviors are associated with adverse outcomes in patients with diabetes," stated the investigators. "Use of clinical screening tools may help identify patients with night-eating behaviors."

REFERENCES:

1.) Diabetes Care. 2006;29:1800-1804.

NDEP Launches the Power to Prevent Curriculum for African-American Communities

More than 3 million or 13 percent of African Americans aged 20 and older are living with diabetes in the United States. In fact, 1 in 3 African-American youth born in 2000 are expected to develop type 2 diabetes in their lifetime. The National Diabetes Education Program (NDEP) has developed a new community curriculum to address this diabetes epidemic among African-Americans. "Power to Prevent: A Family Lifestyle Approach to Diabetes Prevention" can be used by small groups to teach African-Americans with and at risk for diabetes how to make healthy lifestyle changes around making healthy food choices and increasing physical activity to prevent and manage the disease.

"Power to Prevent" is based on the Diabetes Prevention Program (DPP) study, which proved type 2 diabetes can be prevented or delayed for those at high risk for the disease. Its curriculum helps African Americans learn how to apply the findings of the DPP study in their own communities by providing effective, step-by-step lesson plans. For more information about type 2 diabetes prevention, http://ndep.nih.gov.

To order your free copy of "Power to Prevent", go to http://ndep.nih.gov or call 1-888-693-NDEP (6337).

2008

JUNE through AUGUST Remarkable Woman Diabetes Classes For more information on the classes contact Deidra Coleman, Indianapolis Urban League, at dcoleman@ind-plsul.org.

JULY

14-20: Indiana Black Expo Summer Celebration 2008-includes an array of events, performances, exhibits, business seminars, job fairs, health fairs, and health screenings.

AUGUST

6-9: American Association of Diabetes Educator's Annual Meeting, Washington, D.C.

NOVEMBER American Diabetes Month

8: "Ask the Experts", American Diabetes Association, Indianapolis, IN.

14: World Diabetes Day

15: "Too Sweet for Your Own Good" patient conference, Indianapolis, IN. For registration information contact: National Kidney Foundation of Indiana at 1-800-382-9971.
22: "Too Sweet for Your Own Good" patient conference, Genesis Center, Gary, IN. For registration information contact: Community Healthcare System Call Center at 866-836-3477 (toll free).

WORLD DIABETES DAY

If your organization is planning an event for World Diabetes Day, please e-mail the Diabetes Program at the State Health Department to have your event posted to our Web site.

EVERY MONTH

ABCs of Diabetes, Marion County Health Department

The ABCs of Diabetes is a group diabetes self-management education series, managed and conducted in accordance with the American Diabetes Association's National Standards for Recognition. It is a series of four classes with a pre-assessment session, a post-assessment session, behavior change goal setting, and individual consultation. For more information on Marion County Health Department's ABC's of Diabetes or to register for a class call (317) 221-2094.

NEW Indiana State Department of Health Web site

The State Department of Health's Web site has undergone a renovation. Some of the old links are not currently working. We hope to get the Diabetes site working soon. Sorry for the inconvenience.



Governor Daniels has challenged Hoosiers to start making healthier choices. So log on and lighten up at:

www.INShape.IN.gov

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WE'LL SHOW YOU HOW

ITPC

Indiana Tobacco Prevention and Cessation 150 West Market Street, Suite 406 Indianapolis, IN 46204 (317) 234-1787

www.indianatobaccoquitline.net

IN Control: Diabetes Across Indiana is a semi-annual newsletter published by the Indiana State Department of Health Diabetes Prevention and Conrtrol Program in conjunction with the Indiana Diabetes Advisory Council (DAC). The purpose of the newsletter is to provide accurate and timely information on diabetes to those interested in addressing the burden of diabetes in Indiana.

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Diabetes Prevention and Control Program Staff

Wayne Fischer - Director, Chronic Disease Division Laura Heinrich - Director, Diabetes Program Sarah Strawbridge - Program Coordinator Pam McVey - Program Secretary

For more information contact:
The Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204
317-233-7634
www.in.gov/isdh